CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE 3. LOI	ibyišt -).
NAME OF FILING COMMITTEECANDIDATE OR LÖBBYIST BRIA	W TWWAN		ya Taman mada da maya mada da mada mada mada da mada d	
STREET ADDRESS 849 N 11	IN STREET			
CITY RSADING	FA-	zip co \G	604 -	
TYPE OF REPORT (CHECK ONE) NAME OF OFFICE SOUGHT BY CANDIC		PARTY	DATE OF ELEC	TION VENTAL
6TH TUESDAY PRE-PRIMARY SMGS DAY			FOR OFFICE USE	NĽÝ .
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PRE-ELECTION AT THE END OF REPO			4 32 4	ICE'S
30 DAY AMENDMENT REPORT?	YES , NO		O),	
ANNUAL TERMINATION REPORT?	N YES NO			
PART 1-	AFFIDAVIT SECTION			
If statement is filed on behalf of a Political Com Histotement is filed on behalf of a <u>Candidate</u> , th If statement is filed on behalf of a <u>Contributing</u>	e Candidate must sign here.		urer must sign her	e.
S VEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBU			IOD INDICATED ABOVE DID GORRECT AND COMPLETE	NOT
SWORN TO AND SUBSCRIBED BEFORE ME THIS	2015 BIGNAP	AE OF PERSON SUE	MITTING REPORT	
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מונא // אנו ופּ	CO/7 GIO AREA CODE	O CO -	507-0044	
MY COMMISSION EXPIRES WO. DAY BART 11- It's atement is filed on behalf of a Candidate's A	Authorized Committee, Candida	ite must sian h	ere.	
I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDG JUNE 3, 1937 {P.L. 1333, No. 320} AS AMENDED.				OF
SWORN TO AND SUBSCRIBED BEFORE ME THIS		CIONATI IDE OS OAN	IOID ATT	-
DAY OF	20	SIGNATURE OF CAN		
SIGNATURE MY COMMISSION EXPIRES		PRINTED NAM		
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Berks County - Election Services
633 Court Street - Reading, PA 19601 - (610).478-6490

Rech 4/18/15-82

(es	et Forr	n	Print Form

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Report Filed By Candidate Committee Lobbyist Number (Mark X) Name of Filing Committee, Candidate or NORTHSIDE Lobbvist Street Address City State Zip Code 9604 Type of Report (Place x under report type) 1–6th Tuesday 2- 2nd Friday 3-30 Day Post 4-6th Tuesday 5-2nd Friday 6-30 Day Post 7- Annual Special 30 Day Special 2nd Friday Pre-Primary Pre-Primary Primary Pre-Election Pre-Election Election Pre-Election Post-Election Date Of Election Amendment Termination 4 (MM/DD/YYYY) Report Report Summary of Receipts and From Date For Office Use Only Expenditures -A. Amount Brought Forward From Last Report B. Total Monetary Contributions and Receipts LECTION SERVICE (From Schedule I) C. Total Funds Available \$ (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) Affidavit Section Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this Notarial Seal L. Wade, Notary Pub Sinking ${ t 9}$ pring Boro, Berks County ${ t 8}$ My Commission Expires April 18, 2017, MEMBER, PENNSYLVANIA ASSOCIATION OF HOMBIES My Commission expires 64 610-373-063 Daytime Telephone Number Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended. Sworn to and subscribed before me this OMMONWEALTH OF PENNSYLVANIA otarial Seal Signature of Candida Ashley L. Wade, Notary Public PLAM Sinking Spring Boro, Berks County My Commission Expires April 18, 2017 Printed Nam Signature MEMBER, FEHHISYLVANIA ASSOCIATION OF NOTARJES 610-507-0044 My Commission expires DAY YR. Area Code Daytime Telephone Number

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Hiler Identification Number		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$ 100-
Total for the reporting period	(2)	\$ 100
8. Contributions Over \$250:00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 400 -
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$ 400 -
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Recover Page, Item B)	port	\$ 500

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Fier identification Number			• .	
				Amount
Full Name of Contributing Committee			Date MM/DD/YYYY]	
House # Street Addres			Date [MM/DD/YYYY]	
Gity	State :	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee	- Cal			
House# Street Addres			Date [MM/DD/YYYY]	
Gity. Full Name of Contributing	State	Zip Code	Date [MM/DD/YYYY]	
Committee			Date (MM/DD/YYYY)	Service Control of the Control of th
		Zip Code	Date [MM/DD/YYYY]	
City Full Name of Contributing	State	AIP COURT	Date [MM/DD/1971]	2.00 September 19
Committee Street-Addres	8		Date [MM/DD/YYYY]	A STATE OF THE STA
City	State	·Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing			Date [MM/bb/xyxyx]	\$
Committee House # Street Addres			Date [MM/DD/YYYY]	
City.	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing			Date [MM/DD/YYYY]	
Committee House # Street Addres			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

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	an and manager than the second second second				
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GIN READING	and the second second	PA Zip Coda		Date:[MM/DD/YYYY]	\$
Full Name of Contributor				Date [MIM/DD/YYYY] : :	
House#. Stre	eer Address			Date [MM/DD/YYYY] :	<u> </u>
City: 19	State	Zip Code		Date [MM/DD/YYYY] * *	
Full Name of Contributor.				Date [MM/DD/AYYY] S	
				Date [VIM/DD/YYYY]	
e de la companya de l	cet Address		i Nos		
Gity (Control of the Control of the	State	Zip Code		Date [MM/DD/YYYY] S	
Full Name of Contributor		· , to		Date: MM/DD/YYYY] :: \$	
House # Stre	et Address			Date [MM/DD/YYYY] s	
City /	State	Zip Code		Date[MM/DD/XYYY] :	
Full Name of Contributor				BateliviMydd/MYYdaled:	
House # Stre	et Address			Date [MM/DD/Y*YY] \$	
City in	(State	Zip Gode		Date [M M /DD/YYYY]	
Full Name of Contributor				iðateilvim/ÐÐ/YYXY	
House# Stre	et Address	-		Date [MM/DD/YYYY] S	
nienikasi Period			1000C	Date [MM/DD/YYYY] \$	
(Gity	State	Zip Code		nated Ann And English o	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

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Date [MIV/DD/YYYY]	275
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Date:[MM/DD/YXYY] \$	
Date MM/DD/YYYY); /\$	A Aire
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5/20/2015	400, xx
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Date [MM/DD/YYYY] : \$	
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PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Fleridentification Number.

Full Name of Contributor	□Date [MM/Db/YYYY4]; \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY]
Employer Name Employer Mailing Address /	- Occupation
Reneipal Place of Business	Date [MM/DD/YY/Y]
House # Street Address	Date [MM/DD/YYYY] S
State Zip.Code	Date [MIN/DD/YYYY] 5
Employer Name Employer Mailing Address /	Occupation
Principal Place of Business :	Date [MM/DD/YYYY] 43 .5
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MIXI/DID/YYYY]
Employer Name Employer Mailing Address /	(Occupation)
Principal Place of Business	Date [MM/DD/YYYY] \$
Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/dd/YYYY] 35
Employer Name Employer Mailing Address /	Occupation:
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PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

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Full Name (2) 10 - 12 (18)		o, da di mora, er pari e la se	angan kan sa kanan		
House# Str	≥et Addréss				
City 2 and 177		State	Zip Code:	Date [MM/DD/YYYY] S	
Receipt Description					
Full Names and post to a				agetanig in the control of 1885 in the Section	. New years and a second
	et Address			The American Company of the Company	
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	et Address				
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Receipt Description					
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House # Stre	et Address				
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Receipt Description					
Full Name	and the second s				
10 E	et Address			Save English Control Care	
Gity	· 	State	Zip Gode	Date [MM/DD/YYYY] \$	
Receipt Description					

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Fler Identification Numbers :		
Full Name of Contributor		Date [MM/DD/XYYY] \$
House # Street Address		Dates[VIM/DD/YYYY] : 5
GitV.	State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		•
Full Name of Contributor		Date [MiM/DD/YYYY]
House# Street Address		Date [MM/DD/YYYY] - 5
City	State Zip Gode	SDate [MM/DD/YYYY] \$
Description of Contribution:		
Full Name of Contributors		Date [MM/DD/YYYY]: 5
House # Street Address		Date [MM//DD/YYYY] (\$
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Full Name of Contributor	,	Date [MM/DD/YYYY] .\$
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City Description of Contribution	State Zip Code	pate [www/dd//ayyy]
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Fulf Name of Contributor		□Pate (VIM/DD/YYYY) S
House# Street Address	Provident Control Cont	Date [MM/DD/YYYY] \$
City: Description of Contribution.	State Zip Code	=Date [MM/DD/YYYY] \$
PERSONAL PROPERTY OF THE PROPE		·

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Numbers				
TO THE THE TAX THE TAX TO THE TAX	Oneribueionstrecenteevale	de ale Sudvat (ar	eesteeromerikhidesiks	
TOTAL for the reporting period	(1)	\$		
26 IN-KIND CONTRIBUTION	VS.RECEIVED VALUE OF \$50.01;	TO \$250,00.(FRC	DM:PARTE) (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TOTAL for the reporting period	(2)	\$		
3. IN KIND CONTRIBUTION	NERGEIVED VALUE OVER \$250.(00 (FROM PARIE	O) and a design one seems of the state of the second	n – Lietus Archinens Ethiographic Indonesia
TOTAL for the reporting period	(3)	\$	8860, -	
TOTAL VALUE OF IN-KIND CONTR PERIOD (Add and enter amount t on Page 1, Report Cover Page, Ite	otals from boxes 1, 2, and 3; als		8860.	The back of the state of the st

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Numbers		
Full Name of Contributor CTT ZENS	FOR A GREATER READING	Date:[MM/DD/YYYY] S 206-01- 2015 8860.7
House # 17/6 Street Address 17/	6 OLIVE STREET	Patrell (MININ) DO ATCH 1
READING "	PA 210 Code 19604	Date [MM/DD/YYYY] S
SA	MUEL RUCHIEWICZ TREAS.	TREASURER
Employer Mailing Address / Principal S Place of Business	muel Ruchlewicz treas. Ame as above	Description TREASURER OF CONTRIBUTION PRINTING EX PRINTING
Full Name of Contributor		Date IMM/DD/YYYYI
House # Street Address		*Date [MM/JQD/YYYY] \$
Market Market	ate Zip Code	Date [MIVI/DD/YYYY] \$
Employer Mailing Address / Principal		Ogcupation Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		#Date [MM/DD/YY¥Y]
	atė Zip Codė	Date [MM/DD/YYYY] = 5.
Employer Name		Occupation
Employer Mailing Address / Principali Place of Business		Description of Contribution:
Full Name of Contributor Survey Self Survey 12 15 16 16 16 16 16 16 16 16 16 16 16 16 16		Date (MW/DD/YYYY) \$
House # Street Address		Date [MM/DD/YYYY] \$
	ate Zip Code	Date [MM/DD/YYYY] 5
Employer Name Employer Mailing Address / Principal Place of Business		Description (
CHECONDUSTICS		of _{អ្ន} Contribution :

Statement of Expenditures

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Filer Mentification Number 2					
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and the second of the second o	a the result and result is a more about a con-	The second secon	the state of the s		the state of the s

TO WHOM PAID CHTZEN'S BANK	05/29/2015 12.99
House # 956 Street Address N. 946 STRUCT	Descriptions of Expenditure
City READING State PA Code 19604	BANK FEES
TO Whom Paid STEVEN WELCH	05/18/2015 180.00
House # 822 Street, Address N. 10th STREET	Description of Expenditure
City READING State PA Code 19604	ELECTION DAY Services
TO Whom Paid AMBER RIVERA	Date MIN/DD/YYYY \$ 00.00
House # 300 Street Address LACKAWANNA ST, APT 9N	Description of Expenditure
City READING State PA code 19601	Election Day Services
TO WHOM Paid ANGELICA ROSATO	Date [MM/pD/YYYY] 5/ 100, 00
House + 2037 Street Address HAMPDEN BLVD	Description of Expenditure
Charles 719	ELECTION DAY Services
ToWhom Paid : 1.	Date [MM/DD/YYYY] 5
House # Street Address	Description of Expenditure 1
City State Zip Codets	
To Whom Paid	FEATCH INIVITATION/ANALY SST
House # Street Address	Description of Expenditure
City State Zip Code	
FolWhom Pald	Date [MM/DD/YYYY] 5.
House # Street Address	Description of Expenditure.
City State Zip Code 1	
TolWhom Paid	-Date [MM/DD/YYYY)] - 5
House # Street Address	Description of Expenditure
City State Zip Code	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

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Name of Greditor		tstanding Bajance of Debi
	CONSTANCE TWYMAN DATE DEBT INCURRED - S	10 - 00
1501	N. 14-KA ST MM/DD/YYYY	200,-
City	READING State PA Code 19604	
Description of Debt	The state of the s	
karangan berake		CT.
Name of Creditor	DINAN (WYMAN)	rstanding Balance of Debt
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649 City		
Description of Debt:	READING PA Code 19604	
Pescription of Debit	PETITION FILMS FEE	
Name of Crediton		istanding Balance of Debt 🕒 🗵
House # Stre	et Address DATE DEBT INGURRED S. [MM/DD/YYYY]	
City and a second representation of the control of	State Zip Code	
Description of Debt :		· · · · · · · · · · · · · · · · · · ·
Name of Greditor	Oil	standing Balance of Debt
House # Stre	et Address DATE DEBT (NGURRED) \$1	
interior in		
City of the state	State Zip 17 Code	
Description of Debt	. INDIFFERENCE TO THE SECOND S	
Name of Grediton	<u></u>	standing Balance of Debt
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	[MMM].	
City 2 Consideration of the	State = Zip - Zip - Code : 1	
Description of Debt	·	-
Name of Creditor	S3161	standing Balancero Print III
	et Address DATE DEBT INCURRED: ** \$	of the Mills and the property of the second
Plug Star	[MM/DD/YYYY]	
'City'	State Zin	
Description of Debt	State Zip Gode:	
The second of th		

PENNSYLVANIA CAMPAIGN FINANCE REPORT

This Report must be typed or printed lealbly in blue or black ink.

INSTRUCTIONS

This form is intended for the use of candidates, political committees and contributing lobbyists who are required to disclose contributions and expenditures. Candidates must file separate reports when they make expenditures or receive contributions on their own behalf and separate from their campaign committee. A candidate's report discloses contributions received and expenditures made individually by the candidate. A contributing lobbyist's report discloses only expenditures the lobbyist personally made to influence the outcome of a candidate's election.

Candidates and their authorized political committees file reports in the office where their nomination documents are filed. If the candidate's reports are filed with the Secretary of the Commonwealth, a copy of the reports filed by the candidate and the authorized committee must be filed with the County Board of Elections in the county in which the candidate resides.

REPORT COVER PAGE

The Report Cover Page identifies the filer, the type of report and what reporting period is covered. It also summarizes the detailed contribution and expenditure sections from the body of the report.

Filer Identification Number - This number is assigned by the Bureau of Commissions, Elections and Legislation to candidates and committees who register and file with the Sepretary of the Commonwealth. A candidate's filer identification number is assigned by the Bureau when the candidate files nomination petitions. A political committee or lobbyist filer identification number is assigned when the committee or lobbyist files registration documents in the Bureau.

Report Filed By - Please indicate which type of filer you are by checking the appropriate box on the cover page.

Name of Filing Committee, Candidate or Lobbyist, Street Address, City, State, Zip Gode - Please enter appropriate name and address.

Type of Report - Please place an "X" by the applicable report type.

Amandment Report - Check "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed.

Termination Report - Check "Yes" only if the filer has no cash balance, no unpaid debts or obligations, and wishes to cease operation. Contributing lobbyists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Filing Method - indicate whether the complete report is filed on paper, or if the report is filed by diskette accompanied by the signed and notarized cover sheet.

Name of Office Sought - If filed by a candidate or candidate's committee, indicate office sought.

Date of Election - If this is a pre- or post-primary/election report, indicate the date of the primary or election.

District Number - If filed by a cendidate or candidate's committee, indicate district in which candidate is seeking office.

Office Code, Party Code and County Code - If filed by candidate or candidate's committee, refer to code charts at the back of this report form. Enter the corresponding code letters for the office sought and the political party of the candidate; enter the corresponding code number for the county of residence of the candidate. Candidates for local offices who file only with the County Board of Elections should enter Office Code OTH for Other Offices.

Summary of Receipts and Expenditures - Enter the appropriate dates of the reporting period covered.

Amount Brought Forward From Last Report (Item A) - The balance, if any, as of the first day of the reporting period. For committees, it is the amount reported as the ending cash balance on the previous report filed, if any.

Items B through G - See detailed instructions on each corresponding schedule.

Affidavit Section - Must be sworn to by the filer acknowledging the accuracy of the report (Part I). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part II).

Page Number - Calculate the total number of pages in the completed report and indicate on top of cover page. Subsequent pages should be numbered consecutively.

Reports Filed on Diskette: The cover page must accompany all filings, including diskette filings. Diskette filings must also meet the technical specifications of the Department. These specifications are available at www.dos.state.pa.us or by contacting the Bureau.

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page - provides a summary of all monetary contributions and receipts during the reporting period.

Item 1: Unitemized Contributions and Receipts represents the total amount of contributions and receipts of \$50,00 or less in the aggregate *per contributor* received during the reporting period. Items 2, 3 and 4: Enter the total for each section from the corresponding schedules in the report (Part A, Part B, Part C, Part D and Part E).

Enter the total from Schedule I on the Report Cover Page, Item B.

Definition of Contribution: Any payment, gift, subscription, assessment, contract, payment for services, dues, loan, forbearance, advance or deposit of money or any valuable thing, to a candidate or political committee made for the purpose of influencing any election in this Commonwealth or for paying debts incurred by or for a candidate or committee before or after any election. "Contribution" shall also include the purchase of tickets for events such as dinners, luncheons, rallies and other fund-raising events; the granting of discounts or rebates by television and radio stations and newspapers not extended on an equal basis to all candidates for the same office; and any payments provided for the benefit of any candidate, including any payments for the services of any person serving as an agent of a candidate or committee by a person other than the candidate or committee or a person whose expenditures the candidate or committee must report under the act. The word "contribution" includes any receipt or use of anything of value received by a political committee from another political committee and also includes any return on investments by a political committee. [See 25 P.S. §3241]

Instructions for Reporting Contributions

The aggregate total of contributions from an individual contributor within a reporting period determines which part of the report form should be used to disclose a contribution or receipt. The form is designed to list the dates and amounts of as many as three separate contributions from the same source in one line item.

Contributions and receipts of \$50 or less, per contributor, during the reporting period, need not be itemized on the report. The total amount of all unitemized contributions should appear on Schedule I. Contributions and Receipts Detailed Summary Page, Line 1. A record must be kept of the receipt dates of contributions and the names and addresses of each person from whom a contribution of over \$10 has been received.

Contributions and receipts over \$50 to \$250 - report the name of the contributor, mailing address, amount and date received on Schedule I, Part A, "Contributions Received from Political Committees," or Part B "All Other Contributions."

Contributions and receipts over \$250 - report the name of the contributor, mailing address, occupation, employer's name and address, amount and date received on Schedule I, Part C, "Contributions Received from Political Committees," or Part D, "All Other Contributions."

Receipts - Use Part E, "Other Receipts" to report all other monetary receipts or income; e.g. refunds received, interest income, returned checks and prior expenditures that were returned to the filer during the reporting period.

Address - In all Perts, a complete address, including zip code, must be provided. Space is provided for the Zip Code Plus Four. The State block should be completed with the U.S. Postal Service's standard two-letter abbreviation, such as PA for Pennsylvania.

Date - all date blocks in the report must be completed with eight digits. For instance, March 24, 2000 would appear as 03 24 2000.

Total - of each Part should be transferred to the appropriate section on the Schedule I, "Contributions and Receipts Detailed Summary Page" (Page 2 of the report form).

Occupation and Employer - Part D, which lists individuals who have contributed over \$250, also requires the occupation and name and address of the employer of the contributor. Report the principal place of business of any contributor who is self-employed.

SCHEDULE II

IN-KIND CONTRIBUTIONS RECEIVED

Detailed Summary Page - provides a summary of all in-kind contributions and valuable things received during the reporting period.

Item 1: Unitemized In-Kind Contributions Received represents the total value of in-kind contributions of \$50.00 or less, in the aggregate per contributor, received during the reporting period.

Items 2 and 3: Enter the total for each section from the corresponding schedules in the report (Part F and Part G).

Enter the page total on Page 1, Report Cover Page, Item F.

Part F and Part G - Use these Parts to Itemize in-kind contributions from individuals or political committees according to the dollar value of the contribution. The form is designed to list the dates and amounts of as many as three separate in-kind contributions from the same source in one line item. The amount is equal to the current market value of the item or service contributed.

Totals of Parts F and G should be transferred to the appropriate section on the Schedule II Detailed Summary Page.